



Kate Edmundson
Interim Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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WENDY L. RAMALLO, ESQ.
SANDRA RUDNICK, VICE CHAIR
ADELINA SORKIN, LCSW/ACSW, VICE CHAIR
DR. HARRIETTE F. WILLIAMS

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **January 22, 2007**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Patricia Curry
Susan F. Friedman
Helen A. Kleinberg
Wendy L. Ramallo
Sandra Rudnick
Adelina Sorkin
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Hon. Joyce Fahey
Ann E. Franzen
Dr. La-Doris McClaney
Rev. Cecil L. Murray

APPROVAL OF AGENDA

The agenda for the January 22, 2007, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the January 8, 2007, general meeting were unanimously approved.

CHAIR'S REPORT

- Chair Kleinberg welcomed incoming executive director Kim Foster, who is transferring from the Department of Mental Health and whose first official day with the Commission will be Monday, January 29, 2007.

- Copies of the Commission's 2005–2006 annual report are available through the office and at the Commission's website. Chair Kleinberg expressed appreciation to everyone who contributed.
- Former Commissioner Daisy Ma's new job as head of Assemblymember Mike Eng's district office will prevent her from continuing to serve on the Commission. As her duties permit, she will be invited to return to a meeting for a farewell presentation.
- Negotiations continue with regard to retaining Evelyn Hughes to produce minutes of Commission meetings. County purchasing rules will likely require going out to bid for these services, although the Board of Supervisors can approve a sole-source contract. Ms. Hughes's current agreement is authorized through February.
- Chair Kleinberg and Department of Children and Family Services staff will attend an education conference in Sacramento tomorrow.
- A productive meeting with Board of Supervisors deputies took place last week; Commissioners will continue to be apprised of information flowing from these gatherings.
- A discussion of youth membership on the Commission will be scheduled soon.
- Wendy Aron, Supervisor Zev Yaroslavsky's children's deputy for the past six years, is moving with her family to Arizona this week. Her replacement, Lisa Mandel, accepted a plaque of appreciation for Ms. Aron and will make sure she gets it. The inscription recognized Ms. Aron as a faithful, dedicated, tireless, and passionate advocate for children and families, who earned the respect of the Commission and the entire child welfare community during her work both with the supervisor's office and as an attorney representing system children. Ms. Mandel is honored to be stepping into Ms. Aron's shoes, and looks forward to working with the Commission.

DIRECTOR'S REPORT

- Director Trish Ploehn introduced Paul Buehler, who started January 16 as head of the new risk management division, combining the former critical incident/child fatality, internal affairs, and litigation management sections. Mr. Buehler is studying current processes with an eye to making needed changes quickly.
- A recent press release announced the DCFS outreach program for homeless families, with outreach teams on Skid Row helping as many homeless families as possible find permanent housing. A \$5.7 million contract with Beyond Shelter begins this month.
- The letter requesting the Board of Supervisors to approve the Title IV-E waiver implementation plan was filed on January 18, and is expected to be heard by the Board on January 30. (Copies were distributed to Commissioners.) No substantive changes have been made to the plan since the Commission last reviewed it; Board deputies were briefed last Thursday and encouraged to contact Susan Kerr if they have questions. Outstanding issues with the Association of Community Human Ser-

vices Agencies have been resolved, with the exception of ACHSA's concerns about family-finding and peer advocates, and the contract agencies for both initiatives. Once approved by the Board, the plan will be submitted to the state and an expedited response is hoped for.

Following the receipt of the draft memorandum of understanding from the state, a meeting was scheduled this week among DCFS, Probation, and the Chief Administrative Office to discuss individual and joint concerns with the MOU's slant to the state's advantage, plus its lack of specificity in definitions of certain terms, leaving them open to interpretation and subjectivity. A conference call is planned with the state that will also involve Alameda County.

DCFS, Probation, and the CAO met last week to discuss next steps, which include bringing together the fiscal and program work groups into one body that will develop an action plan and timeline for waiver implementation.

Chair Kleinberg encouraged all Commissioners to review the implementation plan in depth, and asked specifically about the inclusion of the expansion of family-finding activities under the logic models for permanency and aftercare services, rather than in the prevention and early intervention section. Ms. Kerr will try to make that change, saying that alterations to the document were possible until Wednesday morning.

CHILDREN'S PLANNING COUNCIL UPDATE

- Vice Chair Sorkin distributed a summary presentation on the probation camp redesign made by residential services bureau chief Dave Mitchell at last week's Children's Planning Council meeting. (A more detailed document is available through his office.) Probation is moving from a custodial to a caregiver stance, placing youth in camps based on their risk rather than on their offense. The department is looking to develop supportive services in the community both for juveniles and for their families, resisting the fragmentation of services and relying on evidence-based practices.

The Children's Planning Council has made juvenile justice one of two priority areas for its work this year, and Commissioner Biondi hopes that the Commission will also focus on this issue, since involvement in juvenile justice weaves through many families in the dependency system. Currently, the county is not doing a good job at developing the community's capacity to deal with these problems, she said, and it can't afford to continue incarcerating low-risk youth, thereby increasing by 50 percent their chances of recidivism. In the state's Department of Juvenile Justice (formerly the California Youth Authority), the cost is almost \$200,000 per year to incarcerate one youth, and the governor is planning to rely more and more on the counties rather than the state system. If that happens, Commissioner Curry said, the county systems need to be functioning well, not merely serving as a warehouse.

Some years ago, Probation calculated that it cost \$38,000 per year to keep a youth in a camp, but that figure did not include Los Angeles County Office of Education costs or costs for nurses or mental health and other services. (In a recent tally, every single

girl at Camp Scott, for instance, had a mental health placement prior to coming to camp.) San Bernardino's yearly cost is \$84,000 per youth, and Commissioner Biondi estimated that Los Angeles County's costs might be a little less, but comparable.

Young women with children are at the highest risk of anyone in the juvenile probation system, Chair Kleinberg said, and services need to be tailored to them. The L.A. Dads program at Camp Gonzales is the only one of its kind for parenting boys, Commissioner Biondi said, even though fatherhood can be a very motivating factor for young men to improve their lives. Vice Chair Sorkin attended a recent conference on children age birth to three years that spotlighted dual development (teaching parents to parent), since without those services, programs solely for young children can be ineffective. Parenting education is an issue for visitation within the DCFS system, too. Commissioner Curry asked if DCFS could find out how many children in the dependency system—male and female—have children of their own.

- The Children's Planning Council is looking at intensifying the community-building activities going on within the SPA Councils and the American Indian Children's Council, seeing how various departments can interact and enter into a dialogue with the community. Supervisor Yvonne Brathwaite Burke is chairing the Children's Planning Council during 2007.
- Recent Children's ScoreCard data revealed that poverty is on the rise, with 64 percent of Latino families and 59 percent of African-American families living below the poverty line, compared with 16.5 percent of white families. A strong link exists between economic well-being and other outcome areas, and one in four ScoreCard indicators is moving in a negative direction. Since 2002, high school graduation rates have declined and the numbers of low birth-weight babies have increased. On the other hand, the number of children with health insurance has risen from 85 to 92 percent, while the number of children in foster care is down by 28 percent. Becoming aware of this data and making changes in programs to address these issues will be important.
- Commissioner Williams asked about the Children's Planning Council's expansion of office space on the basement level of the Hall of Administration, something that has been in the works for some years now. The Council receives substantial county funding, but has in the past had sources of private dollars as well.

COMMUNITY ASSESSMENT SERVICES CENTERS (CASCs)

Richard Browne, director of the program development and technical assistance division of the Department of Public Health's alcohol and drug program administration, reviewed the system of Community Assessment Service Centers (CASCs) that act as entry points for individuals seeking treatment and recovery services for alcohol and other drugs.

The CASC system began in the early 1990s with a Federally funded program from the Office of Treatment Improvement (now the Center for Substance Abuse Treatment) called Target Cities. Ten cities across the U.S., including Los Angeles, were chosen to establish a centralized intake process for automated referrals. Los Angeles County admin-

istered the program, establishing what were then known as community resource centers in the San Fernando Valley, San Pedro, West Los Angeles, East Los Angeles, and South Central Los Angeles. The original five centers were meant for a walk-in population who needed to be placed in effective treatment programs; two perinatal service centers also sprang up as a result of the initial grant.

After the Target Cities funding came to an end, the Board of Supervisors' 1995 push to improve services to the general relief population spurred the Department of Public Social Services to begin using the centers for the screenings and treatment mandated by general relief for anyone suspected of substance abuse. During that first year, over 18,000 of the 90,000 general relief clients were assessed, requiring additional staff for the centers to screen new applicants and gradually assess the existing caseload as well.

Over time, the CASC system has demonstrated an ability to serve large populations, assessing clients, matching them with appropriate programs, and tracking their treatment progress. Eight community-based organizations now administer 21 centers, geographically dispersed throughout the county, that involve 175 agencies in providing inpatient and outpatient treatment. Monthly meetings take place through the alcohol and drug program administration that involve all CASC directors for resource-building, training, problem-solving, and resolving conflicts with other departments. Agency representatives from the various programmatic funding streams (general relief, CalWORKs, mental health, criminal justice, etc.) also attend.

Services are paid for through categorical funding streams, with DPSS being responsible for both the general relief population and CalWORKs recipients who are eligible for 'supportive services'—help for domestic violence, substance abuse, and mental health issues. The CASCs provide transportation, child care, and a toll-free number linking individuals to the nearest center, which are now organized by service planning area. Bio-social assessments look at seven 'domains' for each client: substance abuse, psychological functioning, employment, education, family, medical history, and connections to the criminal justice system.

CASC staff are trained in motivational interviewing techniques that help clients admit their problems and encourage them about positive life changes. Staff also serve as neutral parties advocating for the client's continued participation in treatment, working out any hitches and enrolling the client in another program if initial attempts fail. Of the 38,000 individuals assessed last year for substance abuse through the CASCs, 35,000 were referred to treatment and 26,000 attended. (The CASCs also performed some CalWORKs mental health assessments, but only about half those individuals attended treatment.) Los Angeles County compares very well to the nation in terms of treatment completion, with completion rates between 37 and 43 percent, compared with 28 to 33 percent nationally. In addition, anecdotal evidence from agency follow-ups suggests that many individuals who stop short of completing a program still remain abstinent. Co-occurring disorders often factor in, said Pomona CASC director Georgina Yoshioka, since if clients receive help with mental health issues, they may no longer feel the need to self-medicate.

CASC staff regularly visit DPSS offices for orientations on their services, but monthly referral rates from DPSS hover at only about 60 clients countywide. Mr. Browne hopes that DCFS can start sending CalWORKs-eligible clients to the CASCs; although substance abuse in and of itself is not a reason to remove children from a home, reunification can often be expedited by a substance-abusing parent's seeking treatment. CASC staff can give DCFS progress reports on individual clients and participate in the multidisciplinary teams that make case management decisions. Commissioner Curry suggested that the staff in the transition resource centers (serving youth ages 16 to 24 who are emancipating from the system) also be trained in what the CASCs have to offer.

When a protective services worker observes neglect stemming from a parent's substance abuse, children may be temporarily removed, causing the family to lose its CalWORKs eligibility. Because of the ongoing nature of drug and alcohol addiction, parents can then spiral down into more abuse, sometimes emerging only when it's too late to be reunified with their children. Celia Aragon—acting chief executive officer for contracting agency Behavioral Health Services, and a former CASC director—urged a chance for these family members to get treatment sooner rather than later, using front-end assessments to determine the resources for which they are eligible. DCFS workers should know, for example, that CalWORKs will pay for families to receive substance abuse treatment services for up to 180 days after their court case is closed, as long as the worker meets the deadline to file the extension request. How long clients must wait for treatment services depends on volume and bed availability for the various populations—Proposition 36 has a waiting list, but CalWORKs does not. If a family's income is above the CalWORKs line, the waiting list for men's treatment, for instance, can stretch from 30 to 60 days.

Mr. Browne expects a waiting list to develop soon for DCFS clients who are ineligible for other funding streams, since the recent \$3 million allocation per year for three years will not go far. Ms. Yoshioka said that the pilot project run through the Prototypes agency in Pomona served 12 families in 90 days, connecting them all with treatment and eliminating the need for detention. In a six-month period there, 94 families (16 of whom were uninsured) received 123 assessments, culminating in 46 referrals for substance abuse treatment, 52 for mental health services, and 10 for domestic violence counseling. This was done at a cost of between \$800 and \$1,000 per family. Overall, the DCFS project scheduled 744 appointments for assessments in its first six months, with 519 individuals arriving to be assessed, 505 being referred to a program, and 357 (71 percent of those referred) showing up for treatment.

A formal evaluation of the DCFS program is not in place, but pre- and post- data on the use of substances, along with admission and discharge information on each client, is being gathered. A snapshot of statistics for all categorical funding streams managed by the CASCs is also available, Mr. Browne said.

Up-front assessments are one of the Title IV-E waiver plan's seven priorities, Ms. Ploehn noted, and Commissioner Ramallo stressed the importance of the dispassionate advice that CASC staff members might contribute in the initial stages of a DCFS case, noting the

“fine dance” that emergency response workers must perform between protecting a child and preserving a family. Seasoned social workers generally make good judgment calls, she said, but too often the department saddles its greenest employees with that critical responsibility. Involving other professionals with a broad knowledge of resources can only help the process, especially when families feel they are being asked to choose between their cash benefits and their children. Mr. Browne agreed that a team approach takes the pressure off one person, who may tend to err on the side of removal to ensure child safety. The point of engagement project in SPA 6, where CASC staff went out with emergency response workers, was successful in both keeping families together and in monitoring recovery. Structured decision-making has been rolled out to all DCFS offices, Ms. Ploehn said, and that is a step in the right direction. However, it is still a tool requiring good judgment, and Commissioner Ramallo’s point about bringing in additional professionals is well taken. (As Ms. Ploehn mentioned at the last Commission meeting, improvements in how the department hires and trains new social workers are currently in the works.) The more disciplines that are involved, the more a judge will likely feel that all reasonable efforts to preserve the family are being exhausted, Commissioner Ramallo said. Once those resources have been invested and circumstances do not change, it may be time to allow a child to move on to a new family.

Co-locating staff, as the Linkages pilot project did with DCFS workers in DPSS offices, is one way to ensure that staff for multiple departments are aware of policies like the 180-day extension to CalWORKs benefits. Training is also important, letting workers know about the resources available to them through the CASC system. CASC staff will gladly visit offices, Mr. Browne said, sharing forms and spreading the word.

A plan to centralize CASC referrals from DCFS through public health nurses did not happen, but assigning a single person in each office to ensure that forms are complete would be more efficient than relying on dozens of social workers, and Ms. Yoshioka is working with a unit in Pomona on this issue. She understands the burdens of large caseloads, and hopes that CASC staff can alleviate some of the frustration that participants feel when their questions take a long time to answer. Ms. Aragon would love to see CASC staff performing assessments in DCFS offices, as they currently do in some DPSS offices.

At a question from Commissioner Biondi regarding the referral to the CASCs of 17- and 18-year old youth leaving the probation camps, Ms. Aragon explained that 18-year-old males are not eligible for CalWORKs, though they may be for general relief. Even if a younger teen’s family is receiving CalWORKs, that funding stream will not pay for substance abuse treatment for adolescents. In general, a dearth of treatment options exists for teens—mostly because of the cost of providing education and other services within residential programs—despite the fact that between 60 and 80 percent of incarcerated adolescents are in trouble because of substance abuse. One program in Long Beach takes eight youth, two programs in East Los Angeles limit their caseloads to 12, and the departments of Mental Health, Probation, and Public Health each contribute three beds to a contract with Phoenix House. Treatment for adolescents also tends to be based on adult, male-oriented models that don’t accommodate teens. Too, if youth are violating the terms of

their probation because they are living in families mired in substance abuse, Commissioner Ramallo said, they cannot voluntarily leave their homes, and their families may refuse to release them into inpatient programs. Mental health needs, which often go hand in hand with substance abuse, only compound the problem. An intensive camp setting could accomplish a lot for these youth, but only a tiny project at Camp Gonzales exists, along with a planned program at Camp Holton using Mental Health Services Act dollars.

CASC clients are approximately 75 percent women with children, and finding residential placements that will take children over the age of five is difficult if the family may be reunited during a mother's treatment. SHIELDS for Families, in SPA 6, is the only agency Ms. Aragon knows that takes children over the age of 10. Housing after treatment is also a pervasive issue (Ms. Aragon's agency is opening a four-unit building for women and children), and treatment facilities work with the CASCs to ensure that no one is discharged without somewhere to live, be it a sober living environment, a shelter, or some other option. Comprehensive information on housing, legal assistance, food banks, medical services, and the like—now managed through the county's 211 human services information system—are all resources the CASCs access for their clients.

A discussion of systems navigators touched on the 'siloed' nature of those positions created by the Mental Health Services Act plan—eight or nine for the transition resource centers and five in the probation camps (funded through the MHSA's transition-aged youth group) plus others called for by the MHSA's children's group and adult group. Systems navigator positions require not only a high level of sophistication about available systems, but also the ability to gain the trust of families, as CASC staff have. Unfortunately, the Department of Mental Health chose not to use the CASC expertise in that area. Chair Kleinberg recommended devoting an entire Commission agenda to the systems navigator topic.

Commissioner Curry suggested that representatives from the CASC system be invited to participate on the prevention committee, and Chair Kleinberg looks forward to a continued partnership.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED